U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



| 1. File Number U - 500 3 | 2. Fiscal Year Covered From: |
|---|--|
| | 01/01/2004 Through: [2/3]: / 2004 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name MALCOLM B FUTLEY, JR. | Name UNITED TICHNISPORTATION UNION |
| | Labor Organization File Number 0003/4 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 7610 Stout Rd. | Street 14600 DetRoit Ave |
| City GERMANTOWN | City Cleveland, OHIO |
| State 7N. ZIP Code + 4 38138 | State 0 410 ZIP Code + 4 44/07 |
| 5. Position in labor organization. INTERNITIONAL VICE PLESIDENT | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or inclinectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bidg., Room No., if any | |
| | 7.b. Amount. |
| Street | |
| City | |
| State ZIP Code + 4 | |
| Signature | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned s knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | |
| Signed Molcohol. Intry . h. | On 08/05/05 G01-757-5972 Date Telephone Number |

| Name of Person Filing | File Number U- | |
|--|--|--|
| B. Held an interest in or derived income or economic bonstit with monetary value from a business (1) a substantial part of which consists of buying from, so ling or leading to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is activaly seeking to represent, or (2) any part of which consists of buying from or selling or leading directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street | 9. Business desis with: a. Labor Organization b. Trust c. Employer | |
| State ZIP Code + 4 | 44 - Netword and dealing | |
| 10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P O. Box, Bldg., Room No., if any Street | 11.a. Nature of such dealing 11.b. Approximate dollar value of such dealing. | |
| City State ZIP Code + 4 | 12.a. Nature of Interest hold or income received. | |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name | 14.a. Nature of payment. 1 Chese LD crocker forket At Christians approximate Value 450? | |
| 13.b. is the Business an Employer or Consultant ? | 14.b. Amount of payment. 450.40 | |